

Appendix C
NOTICE OF COMPLETION

State of California
Office of Planning and Research
1400 Tenth Street
Sacramento, CA 95814

Project Title:

Project Location - Specific:

Project Location - City:

Project Location - County:

Description of Nature, Purpose, and Beneficiaries of Project:

Lead Agency:

Division:

Address Where Copy of EIR is Available:

Review Period:

Contact Person:

Area Code/Phone/Extension:

Revised March 1986

SCH # _____

Notice of Completion and Environmental Document Transmittal Form

1. Project Title: _____
 2. Lead Agency: _____ 3. Contact Person: _____
 3a. Street Address: _____ 3b. City: _____
 3c. County: _____ 3d. Zip: _____ 3e. Phone: _____

Project Location

4. County: _____ 4a. City/Community: _____
 4b. Assessor's Parcel No. _____ 4c. Section: _____ Twp. _____ Range: _____ Base: _____
 5a. Cross Streets: _____ 5b. For Rural, Nearest Community: _____
 6. Within 2 Miles: a. State Hwy #: _____ b. Airports: _____
 c. Railways: _____ d. Waterways: _____

7. Document Type**CEQA:**

- ☐ 01. NOP
☐ 02. Early Cons
☐ 03. Neg Dec
☐ 04. Draft EIR
☐ 05. Supplement/Subsequent EIR (Prior SCH No.) _____
☐ 06. NOE
☐ 07. NOC
☐ 08. NOD

NEPA:

- ☐ 09. NOI
☐ 10. PONS
☐ 11. Draft EIS
☐ 12. EA

Other:

- ☐ 13. Joint Document
☐ 14. Final Document
☐ 15. Other _____

8. Local Action Type

- ☐ 01. General Plan Update
☐ 02. New Element
☐ 03. General Plan Amendment
☐ 04. Master Plan
☐ 05. Annexation
☐ 06. Specific Plan
☐ 07. Community Plan
☐ 08. Redevelopment
☐ 09. Rezone
☐ 10. Land Division (Subdivision, Parcel Map, Tract Map, etc.)
☐ 11. Use Permit
☐ 12. Waste Mgmt Plan
☐ 13. Cancel Ag Preserve
☐ 14. Other _____

9. Development Type

- ☐ 01. Residential: Units _____ Acres _____
☐ 02. Office: Sq.ft. _____ Acres _____ Employees _____
☐ 03. Shopping/Commercial: Sq.ft. _____ Acres _____ Employees _____
☐ 04. Industrial: Sq.ft. _____ Acres _____ Employees _____
☐ 05. Water Facilities: Type _____ MGD _____
☐ 06. Transportation: Type _____
☐ 07. Mining: Mineral _____
☐ 08. Power: Type _____ Watts _____
☐ 09. Waste Treatment: Type _____
☐ 10. OCS Related _____
☐ 11. Other: _____

10. Total Acres: _____

11. Total Jobs Created: _____

12. Project Issues Discussed in Document

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> 01. Aesthetic/Visual | <input type="checkbox"/> 09. Geologic/Seismic | <input type="checkbox"/> 17. Social | <input type="checkbox"/> 25. Wetland/Riparian |
| <input type="checkbox"/> 02. Agricultural Land | <input type="checkbox"/> 10. Jobs/Housing Balance | <input type="checkbox"/> 18. Soil Erosion | <input type="checkbox"/> 26. Wildlife |
| <input type="checkbox"/> 03. Air Quality | <input type="checkbox"/> 11. Minerals | <input type="checkbox"/> 19. Solid Waste | <input type="checkbox"/> 27. Growth Inducing |
| <input type="checkbox"/> 04. Archeological/Historical | <input type="checkbox"/> 12. Noise | <input type="checkbox"/> 20. Toxic/Hazardous | <input type="checkbox"/> 28. Incompatible Landuse |
| <input type="checkbox"/> 05. Coastal Zone | <input type="checkbox"/> 13. Public Services | <input type="checkbox"/> 21. Traffic/Circulation | <input type="checkbox"/> 29. Cumulative Effects |
| <input type="checkbox"/> 06. Economic | <input type="checkbox"/> 14. Schools | <input type="checkbox"/> 22. Vegetation | <input type="checkbox"/> 30. Other _____ |
| <input type="checkbox"/> 07. Fire Hazard | <input type="checkbox"/> 15. Septic Systems | <input type="checkbox"/> 23. Water Quality | |
| <input type="checkbox"/> 08. Flooding/Drainage | <input type="checkbox"/> 16. Sewer Capacity | <input type="checkbox"/> 24. Water Supply | |

13. Funding (approx.): Federal \$ _____ State \$ _____ Total \$ _____

14. Present Land Use and Zoning:**15. Project Description:**

16. Signature of Lead Agency Representative: _____ Date: _____

NOTE: Clearinghouse will assign identification numbers for all new projects. If a SCH number already exists for a project (e.g. from a Notice of Preparation or previous draft document) please fill it in.

Reviewing Agencies

- | | |
|--|--|
| <input type="checkbox"/> Resources Agency | <input type="checkbox"/> Caltrans District _____ |
| <input type="checkbox"/> Boating/Waterways | <input type="checkbox"/> Dept. of Transportation Planning |
| <input type="checkbox"/> Conservation | <input type="checkbox"/> Aeronautics |
| <input type="checkbox"/> Fish and Game | <input type="checkbox"/> California Highway Patrol |
| <input type="checkbox"/> Forestry | <input type="checkbox"/> Housing and Community Development |
| <input type="checkbox"/> Colorado River Board | <input type="checkbox"/> Statewide Health Planning |
| <input type="checkbox"/> Dept. Water Resources | <input type="checkbox"/> Health |
| <input type="checkbox"/> Reclamation | <input type="checkbox"/> Food and Agriculture |
| <input type="checkbox"/> Parks and Recreation | <input type="checkbox"/> Public Utilities Commission |
| <input type="checkbox"/> Office of Historic Preservation | <input type="checkbox"/> Public Works |
| <input type="checkbox"/> Native American Heritage Commission | <input type="checkbox"/> Corrections |
| <input type="checkbox"/> S. F. Bay Cons. & Dev't Commission | <input type="checkbox"/> General Services |
| <input type="checkbox"/> Coastal Commission | <input type="checkbox"/> OLA |
| <input type="checkbox"/> Energy Commission | <input type="checkbox"/> Santa Monica Mountains |
| <input type="checkbox"/> State Lands Commission | <input type="checkbox"/> TRPA |
| <input type="checkbox"/> Air Resource Board | <input type="checkbox"/> OPR - OLGA |
| <input type="checkbox"/> Solid Waste Management Board | <input type="checkbox"/> OPR - Coastal |
| <input type="checkbox"/> SWRCB: Sacramento | <input type="checkbox"/> Bureau of Land Management |
| <input type="checkbox"/> RWQCB: Region # _____ | <input type="checkbox"/> Forest Service |
| <input type="checkbox"/> Water Rights | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Water Quality | <input type="checkbox"/> Other _____ |

For SCH Use Only

Date Received at SCH _____

Date Review Starts _____

Date to Agencies _____

Date to SCH _____

Clearance Date _____

Catalog Number _____

Applicant _____

Consultant _____

Contact _____ Phone _____

Address _____

Notes: